

STAGE I/II GASOLINE VAPOR RECOVERY STATION NOTIFICATION FORM

(One per station)

FACILITY

OWNER OF GASOLINE STORAGE TANKS

Name _____ Contact Name _____
Physical Address _____ Company Name _____
City _____ Address _____
Gasoline Brand _____ City, State, Zip _____
Phone _____ Phone _____
Contact at Facility _____ Fax _____

ANNUAL GASOLINE GALLONS THROUGHPUT - All grades (gasoline only)
(Commercial information submitted only to determine compliance with N.H. Env-A 1205.)

2002	2007
2003	2008
2004	2009
2005	2015
2006	2016

Reason(s) For Submittal ☐ Recertification ☐ Owner Change ☐ Modification ☐ New Facility
of Notification Form

STAGE I CONTROLS

STAGE II CONTROLS

Coaxial _____ Two Point _____
Dry Break on Manifold _____
Tee on Vent _____
Installer _____
Date of Installation _____

Type of Equipment _____
Installer _____
Date of Installation _____

Total # of dispensers _____ Total # of nozzles _____
Number of gasoline tanks _____ Grades of gas in tanks _____

I certify that the above information is true and correct. _____
(Signature of Owner)

Please return to:

N.H. Waste Management Division
Oil Remediation & Compliance
P.O. Box 95
29 Hazen Drive
Concord, NH 03302-2033

